

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 5  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Rifle Association of America Political Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00053553	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee <b>Big Top Promotions</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">08</table> / <table border="1" style="display:inline-table; margin:0 5px;">20</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>		
Mailing Address 5925 156th Street, SE			Amount <table border="1" style="display:inline-table; margin:0 5px;">50.00</table>		
City Snohomish	State WA	Zip Code 98296	Transaction ID : 72949615		
Purpose of Expenditure Booth Rental		Category/Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>		
Name of Federal Candidate Donald J Trump		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;">0.00</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Big Top Promotions</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">08</table> / <table border="1" style="display:inline-table; margin:0 5px;">20</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>		
Mailing Address 5925 156th Street, SE			Amount <table border="1" style="display:inline-table; margin:0 5px;">50.00</table>		
City Snohomish	State WA	Zip Code 98296	Transaction ID : 72949616		
Purpose of Expenditure Booth Rental		Category/Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>		
Name of Federal Candidate Hillary Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;">0.00</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;">100.00</table>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Rose Adkins

[Electronically Filed]

Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Rifle Association of America Political Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00053553	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>GTC Strategic, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2016</b>	
Mailing Address <b>1006 Desantis Drive</b>		Amount <b>150.00</b>	
City <b>Romansville</b>	State <b>PA</b>	Zip Code <b>19320</b>	Transaction ID : <b>73222040</b>
Purpose of Expenditure <b>Graphic Art Design</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate <b>Rep. Bob W. Goodlatte</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>06</b> State: <b>VA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>GTC Strategic, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2016</b>	
Mailing Address <b>1006 Desantis Drive</b>		Amount <b>150.00</b>	
City <b>Romansville</b>	State <b>PA</b>	Zip Code <b>19320</b>	Transaction ID : <b>73222041</b>
Purpose of Expenditure <b>Graphic Art Design</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate <b>Kai Degner</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>06</b> State: <b>VA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>300.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Rose Adkins

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**08 / 20 / 2016**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Rifle Association of America Political Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00053553	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>GTC Strategic, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2016</b>	
Mailing Address <b>1006 Desantis Drive</b>		Amount <b>150.00</b>	
City <b>Romansville</b>	State <b>PA</b>	Zip Code <b>19320</b>	Transaction ID : <b>73222042</b>
Purpose of Expenditure <b>Graphic Art Design</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate <b>Rep. Morgan H. Griffith</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>09</b> State: <b>VA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>GTC Strategic, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2016</b>	
Mailing Address <b>1006 Desantis Drive</b>		Amount <b>150.00</b>	
City <b>Romansville</b>	State <b>PA</b>	Zip Code <b>19320</b>	Transaction ID : <b>73222043</b>
Purpose of Expenditure <b>Graphic Art Design</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate <b>Derrick Kitts</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>300.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Rifle Association of America Political Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00053553	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Master Print, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2016</b>	
Mailing Address P.O. Box 1467		Amount <b>552.26</b>	
City <b>Newington</b>	State <b>VA</b>	Zip Code <b>22122</b>	Transaction ID : <b>73222045</b>
Purpose of Expenditure Print 4 Color Door Hangers	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Rep. Bob W. Goodlatte		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>06</b> State: <b>VA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Master Print, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2016</b>	
Mailing Address P.O. Box 1467		Amount <b>552.25</b>	
City <b>Newington</b>	State <b>VA</b>	Zip Code <b>22122</b>	Transaction ID : <b>73222046</b>
Purpose of Expenditure Print 4 Color Door Hangers	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Kai Degner		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>06</b> State: <b>VA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1104.51</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Rose Adkins

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 5 OF 5  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Rifle Association of America Political Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00053553	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Master Print, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2016</b>	
Mailing Address <b>P.O. Box 1467</b>		Amount <b>552.26</b>	
City <b>Newington</b>	State <b>VA</b>	Zip Code <b>22122</b>	Transaction ID : <b>73222047</b>
Purpose of Expenditure <b>Print 4 Color Door Hangers</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Rep. Morgan H. Griffith</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>09</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>VA</b>
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Master Print, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 19 / 2016</b>	
Mailing Address <b>P.O. Box 1467</b>		Amount <b>552.25</b>	
City <b>Newington</b>	State <b>VA</b>	Zip Code <b>22122</b>	Transaction ID : <b>73222048</b>
Purpose of Expenditure <b>Print 4 Color Door Hangers</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Derek Kitts</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>09</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>VA</b>
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1104.51</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	<b>2909.02</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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